Guidelines for Completing the SMC Billing Template (Excel Spreadsheet)

1. Please submit separate Excel Spreadsheets for Medicaid services and IPRS services.

2. Submit only one spreadsheet per fund code (i.e. Medicaid or IPRS) per submission date.

3. To name files, use your provider number (see instructions for Column D below), IPRS or MCAID as appropriate, and the date of submission (i.e. AC001_IPRS_20080918). **DO NOT** include consumer names or initials in the titles of spreadsheet files as this is a violation of HIPAA law.

4. All spreadsheets must be submitted as a password protected file. The spreadsheet and password should be submitted under separate cover. E-mail both files to tarrwood@acmhddsa.org.

Format Requirements for SMC Billing Template (Excel Spreadsheet)

A. **Name of Service** - Description of service being provided (i.e. Individual Therapy, Community Support, Case Management, etc.)

B. **Consumer Name** - Consumer name as reported to LME on intake paperwork and key in Last Name,First Name order (i.e. Doe,John)

C. **Consumer ID #** - Medical Record number assigned by LME. **DO NOT** include hyphens, alphabetic characters nor preceeding zeros. If the consumer ID that was given to you has an alphabetic character use the following conversion table:

A = 5	C = 1	E = 6	J = 9
B = 2	D = 4	F = 7	

D. **Provider #** - This number identifies your organization within our billing system. This will be a 5-digit number unique to each organization. If you need this number, contact Teresa Arrwood at 336 513-4200 ext. 4415 or you may log on to our website at www.acmhddsa.net, select the Reimbursement tab and then Contacts. This will give you a listing of all Provider Numbers along with the name and contact information for Provider Account Managers.

F. **Service Authorization #** - This is not a required field, however, if you choose to use it, this is the number that is given to you by the URSTR Department when services are authorized (i.e. CAC900……). **DO NOT** put Value Options authorization numbers on the Medicaid billing spreadsheet.

G. **Date of Service** - Date service was provided. All services must be entered on a line by line basis. **DO NOT** enter a date range. Date must be entered in MM/DD/YYYY format (i.e. 12/01/2007).

H. **# of Units** – Actual number units of service provided

I. **Service Billing Code** – Use state codes (i.e. H0004, H0031, YP600, etc.)

J. **Service Rate or Amount Billed** – Put **TOTAL** amount billed in the column.

K. **1st Party Fees Collected (Consumer Payments)** – All payments received from consumer for services should be recorded in this column.

L. **3rd Party Fees Collected (Insurance Payments)** – All insurance payments received should be recorded in this column.

M. **Net Billed** – This will be the result of column J less column K and L. This is the amount that will be billed to Medicaid or IPRS.

N. **Attending Provider ID #** – The therapist number that was assigned by the LME. If this number has leading "0"s they must be included in this number.

O. **Attending Provider Name** – The name of the person providing the service, not the organization name. Use same name format as in Column B (i.e. Doe,John).

P. **ICD-9 Diagnosis Code** – Use only one diagnosis code that will support the service being billed. This must be a diagnosis code already submitted to the LME at the time the intake packet was submitted or submitted later via a Diagnosis update. Diagnoses should be reported with proper decimal placement.

Q. **Referring Provider #** - ACRLME should be placed in this column.

R. **Target Population Code** – This is not a required field, however, if you do choose to complete this field, use only one target population code and use the one that supports the service that is being billed. Also, use the complete 5 character name of the target population (i.e. AMSPM, not SPM).